

CUIDADO É FUNDAMENTAL

UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO • ESCOLA DE ENFERMAGEM ALFREDO PINTO

PESQUISA

DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.248-253>

Reiki therapy in Family Health Strategy: perceptions of nurses*

A terapia do reiki na Estratégia de Saúde da Família: percepção dos enfermeiros

La terapia de reiki em la Estrategia de Salud de la Familia: percepción de los enfermeros

Vera Lucia Freitag¹; Andressa de Andrade²; Marcio Rossato Badke³; Rita Maria Heck⁴; Viviane Marten Milbrath⁵

How to quote this article:

Freitag VL, Andrade A, Badke MR, Heck RM, Milbrath VM. Reiki therapy in Family Health Strategy: perceptions of nurses. Rev Fund Care Online. 2018 jan./mar.;10(1):248-253. DOI: <http://dx.doi.org/10.9789/2175-5361.2018.v10i1.248-253>

ABSTRACT

Objective: The research aimed to identify the feelings experienced by nurses working at the Family Health Strategies after receiving reiki application. **Methods:** This is an exploratory qualitative study. The subjects were eight nurses working at the Family Health Strategy in northern Rio Grande do Sul, submitted to three sessions of reiki and thereafter interviewed using a semi structured questionnaire containing open and closed questions. The study was conducted between the months of August and November 2013. The analysis considered the proposal of Bardin. **Results:** It was found that reiki improves the quality of life of these professionals by balancing physical, mental, emotional and spiritual states. **Conclusion:** It reflects the importance of the nursing professional to have this tool to care for the service user, acting in an integrative manner.

Descriptors: Reiki, Complementary Therapies, Nursing, Care, Family Health Program.

* Course Completion Paper, 2013, Federal University of Santa Maria/Campus Palmeira das Missões, Palmeira das Missões/Rio Grande do Sul (RS).

¹ PhD student in Nursing by the Post-Graduate Program in Nursing at the Federal University of Rio Grande do Sul (PPGenf / UFRGS). Master in Science. Specialist in Public Health Organization Management. Nurse. Scholarship holder of the Coordination of Improvement of Higher Education Personnel (CAPES). E-mail: verafreitag@hotmail.com.

² 1st Adjunct Professor of the Federal University of Santa Maria/Campus Palmeira das Missões (RS). PhD student of the Post-Graduation Program in Health Sciences of the Federal University of Rio Grande (FURG). Master in Health Sciences. Nurse. E-mail: andressaufsm@gmail.com.

³ Adjunct Professor of the Federal University of Santa Maria. PhD student at the Post-Graduate Program in Nursing/Federal University of Pelotas. Master in Nursing. Nurse. Scholarship holder of the Sandwich Abroad Doctorate by the National Council for Scientific and Technological Development (CNPq). E-mail: marciobadke@gmail.com.

⁴ PhD in Nursing. Associate Professor of Undergraduate and Graduate studies at the Faculty of Nursing of the Federal University of Pelotas (FEn/UFPe). Master in Rural Extension. Nurse. E-mail: rmheckpillon@yahoo.com.br.

⁵ PhD in Nursing. Adjunct Professor at the Faculty of Nursing of the Federal University of Pelotas (FEn/UFPe). Master in Nursing. Nurse. E-mail: vivianemarten@hotmail.com.

RESUMO

Objetivo: A pesquisa teve como objetivo conhecer os sentimentos vivenciados por enfermeiras que atuam junto a Estratégias de Saúde da Família após receberem aplicação de *reiki*. **Método:** Trata-se de um estudo qualitativo exploratório. Os sujeitos investigados foram oito enfermeiras atuantes em Estratégias de Saúde da Família do norte do Rio Grande do Sul, submetidas a três sessões de *reiki* e posteriormente entrevistadas utilizando-se a técnica da entrevista semi-estruturada contendo questões abertas e fechadas. O estudo foi realizado entre os meses de agosto a novembro de 2013. A análise dos resultados considerou a proposta de Bardin. **Resultados:** Constatou-se que o *reiki* melhora a qualidade de vida destes profissionais, equilibrando o físico, o mental, o emocional e o espiritual. **Conclusão:** Reflete a importância do profissional enfermeiro, dispor desta ferramenta de cuidado para tratar o usuário do serviço, atuando de forma integral.

Descritores: *Reiki*, Terapias Complementares, Enfermagem, Cuidado, Programa Saúde da Família.

RESUMEN

Objetivo: El objetivo del estudio fue identificar los sentimientos experimentados por las enfermeras que trabajan en las Estrategias de Salud de la familia después de recibir aplicación de *reiki*. **Métodos:** Se trata de un estudio cualitativo exploratorio. Los sujetos del estudio fueron ocho enfermeras que trabajan en estrategias de salud del norte de Rio Grande do Sul, se someten a aplicación de tres sesiones de *reiki* y posteriormente son entrevistadas utilizando la técnica de entrevistas semiestructuradas con preguntas abiertas y cerradas. El estudio se realizó entre los meses de agosto a noviembre de 2013. El análisis consideró la propuesta de Bardin. **Resultados:** Se encontró que el *reiki* mejora la calidad de vida de estos profesionales, equilibrando el bienestar físico, mental, emocional y espiritual. **Conclusión:** Se refleja la importancia que la enfermera profesional tenga esta herramienta de cuidado para tratar con el usuario del servicio, actuando en su totalidad.

Descriptores: *Reiki*, Terapias Complementares, Enfermería, Cuidado, Programa de Salud Familiar.

INTRODUCTION

Alternative health care therapies are increasingly widespread since they seek to stimulate the body's healing forces in order to promote humanized care, promoting health recovery while supporting practices that have been simultaneously occurring.¹

In Brazil, the Ministry of Health approved in 2006 the National Policy on Integrative and Complementary Practices (NPICP) in the UHS, which includes Homeopathy, Traditional Chinese Medicine/Acupuncture, Phytotherapy, Anthroposophic Medicine and Thermalism, however, it does not contemplate *reiki* as an integrated care therapy in the system yet. Nevertheless, it opens up room for the performance of experiences, as well corroborates the need to investigate and support practices that are already occurring in some hospitals and health units, in the states and municipalities.¹

Resolution No. 695/13 - CIB/RS of November 20, 2013, approves the State Policy on Integrative and Complementary Practices (PEPIC/RS), in which *Reiki* is specifically mentioned

in the Guideline No. 13, which recommends: the insertion of *reiki* and therapies of superposition of hands, without religious bonds; to promote *reiki* courses, in conjunction with the organization of specialists directed to professionals already hired and working in health care networks, with priority to Basic Care.²

Reiki is a care therapy originated in Japanese oriental culture that aims to potentiate the life force and to balance the energies of the body physically, mentally and spiritually in a perspective of integrative holistic care.³ This therapy operates through the interrelationship between the chakras (from the Sanskrit "wheel") and the endocrine glands in a manner that involves the physical, energetic and mental planes in the process of healing and/or improvement of well-being.⁴

During a *reiki* session, the chakras are located and focused, they are the centers of energy in the human being that collect subtle energy transforming it and giving it to the body. Each chakra is connected to a certain organ and anatomical region, influencing it in its function. The hormones produced by the glands flow directly into the bloodstream, bringing vital energy to the body. In this way, the endocrine system supplies energy to the chakras and at the same time gives back the subtle energies to the body.⁵

Reiki as care therapy, once inserted in the Family Health Strategies (FHS), as professed by the Ministry of Health, works as a proposal to restructure primary health care, overcoming the idea of care for the disease and implementing health-promoting, quality of life and integral care actions. This care decentralizes the focus of the action of the physician and advocates for the care with the participation of a multi professional team enabled to develop the activities of promotion, protection and recovery of health.¹

In this context, nurses need to exercise comprehensive care aimed towards a holistic perspective, associated with the various care therapies that are part of the subjects' lives. Currently, *reiki* is considered a specialty of care in which nurses can qualify as long as they complete and are approved in a course recognized by a teaching institution or a related entity with a formation of a minimum of 360 hours.⁶

According to some authors, in the process of integrating FHS to their work, nurses have been progressively questioned regarding integrative care,^{7,8} which exposes the professional to other care therapies. It is believed that *reiki* can be an interesting perspective of care, since studies^{5,9} performed with nurses and in hospital settings show positive results after the application of this therapy.

In this perspective, the objective of the study was to know the feelings experienced by nurses who work with Family Health Strategies after receiving a *reiki* application.

METHODS

This is an exploratory study with a qualitative approach¹⁰ carried out in two municipalities intentionally chosen in the northern region of RS, where ten Family Health Strategies and

a total of 10 nurses add up. The subjects of the research were eight nurses working in Family Health Strategies, since two subjects did not show interest in participating in the research. The inclusion criteria respected for the study were: to be a nurse working in some Family Health Strategy for at least six months; to accept to participate voluntarily receiving three reiki sessions, and also to respond to an interview after the last session. The exclusion criteria were: being on vacation or on health leave. Data collection was performed between the months of August and November of 2013 at the nurses' workplaces, and the interviews were applied after the 3rd reiki session at an appointment previously scheduled with the participants.

Initially, a contact was made with the Secretaries of Health of the two municipalities and once the authorization was granted, one proceeded to reach out to each professional via telephone in order to schedule an appointment. In the first contact, the objectives of the research were explained and if there was a willingness to participate, the Informed Consent Term was presented. In order to maintain the participants' anonymity, they were identified by colors (yellow, lilac, white, red, green, pink, orange and blue). The data were collected after the approval of the Research Ethics Committee of UFSM, with CAAE (Presentation Certificate for Ethical Appreciation) number 15036913.3.0000.5346, on 17/06/2013.

On the scheduled dates the nurses headed to the office of two Therapists (a Grand Master and a Master in Reiki), receiving the first and the subsequent two sessions of reiki until the exposure to the therapy was concluded as previously scheduled according to their availability. Then, in the nurses' workspace, the semi-structured interview was performed, being recorded and later transcribed in its entirety.

The theoretical/methodological support used to analyze and interpret the data followed the analysis of content proposed by Bardin.¹¹ This technique is composed of three stages: pre-analysis, material exploration and finally the treatment of results, inference and interpretations.

RESULTS AND DISCUSSION

From the analysis of the participants' statements, two thematic categories emerged: Reiki as a supporting tool that could benefit the work process; the importance of access to Integrative and Complementary Therapies in the care of the user.

Reiki as a supporting tool that could benefit the work process

This category was identified and constructed from the moment that it was observed that the majority of the researched professionals reported the benefits of reiki therapy, as can be verified in the following testimonies:

Well, reiki for me was a moment of meeting with myself, a moment where I managed to rethink some things, both professionally and personally, a moment of relaxation,

mainly of rest. We leave here on that rushed daily routine, we accumulate many responsibilities and assimilate much of what the patient brings to us at the Health Unit, I think it was a way I found to be able to get rid of these concerns, of these insecurities, of anxieties. (Orange)

This experience felt very relaxing, it brought me calm, peace, [...] I rested. I am a very electric person, I can hardly sit for ten minutes in a chair so to lie down for an hour receiving reiki was for me something different, and so for me the feeling experienced was really of relaxation, of self-control, of really directing the thoughts towards my body, towards myself, coming from me towards helping myself. (Blue)

In reiki sessions, people are disconnected from the world, they think of themselves, they become calmer, more relaxed, more peaceful, more reflective, they live their feelings, they become more balanced by lying there just thinking of themselves, concentrating, that is very good, because in the daily routine one does not stop to think about the self, there is a lot of rush, and to do a reflection exercise, a meditation, is very good. (Red)

The testimonies demonstrate that nurses experienced a range of feelings during and after reiki sessions. The participants reported that they felt relaxed, calmer, more balanced, self-controlled, self-helped and that it was a moment of meditation and reflection about themselves.

Salomé⁶⁵, when investigating the feelings experienced by the nursing professionals who worked in an Intensive Care Unit after the application of reiki, observed reports such as improvement of anxiety, stress and a reclaim of the stimulus to practice the profession.

A state of relaxation combined with a general state of well-being is one of the visible effects after the applying of reiki, although there may be emotional releases¹². Reiki therapy is related to sharing and caring, caring for oneself, and caring for the other and in this way to serve as a necessary precursor to the care offered. With the tool in hands, one can bring back the balance so that the receiver can enjoy a better quality of life.¹³

Another feeling experienced by nurses was that of meditation, characterized as the training of mindfulness to present-day consciousness, it has been associated with greater mental, emotional, and physical well-being. It reflects in many ways with a predominance of cognitive and emotional benefits considering that this practice can constitute a tool for healthy psychological development.¹⁴

The professional nurse uses care as a tool to treat the user, but often forgets and does not take time to take care of itself; in this sense, reiki appears as a differential in care, since it is a moment for the professional to be cared for and, in this way, re-establish the balance to develop their work. Other feelings that emerged were that of safety, tranquility,

personal relaxation and improved thinking, which as the nurses reported, have influenced in refining the performance related to patient care:

[...] I felt more security, more tranquility when I saw the problem of people and thought, this is what I have to do, it was very important because it gave me a lot of security, I was able to calm my worries and try to help the patient in the best way possible. (Orange)

[...] this therapy was absolutely important, it helped us look inside, to get energized again, helped us to calm down, so I felt calmer, quieter, with better reasoning, my reasoning got faster [...] that is the difference that I noticed, my work yielded more. (Blue)

It is observed in the literature that there are studies concerned with proving the beneficial effects of reiki; a study by Cuneo and collaborators¹⁵ aimed to identify the effects of reiki on stress in the work of seventeen nurses working in an urban medical center. The tool applied was the Stress Scale, before and after three weeks of reiki application. Research suggests that work-related stress is an influential factor in nurses' work, and reiki could reduce stress levels in the work of these professionals.

In the study, reiki as complementary therapy benefits healthcare professionals minimizing stress, improving the quality of life and consequently the assistance provided to users. The present study is in line with these results, since the nursing professionals reported experiencing feelings of tranquility, serenity, security, calmness, improvement of reasoning, balance, moment of reflection, rest and relaxation.

Reiki appears as an important device for the physical, mental and spiritual balance of these professionals, improving the immune system in general. There is a need to develop more and more mechanisms that reinforce the method as complementary therapy, in order to guarantee and promote the health of these professionals.

The importance of access to Integrative and Complementary Therapies in the care of the user

This category arose from the reports of nurses who when asked about the importance of having the reiki resource to maintain their own health and the healthcare of the service user reported positively on the use of the therapy, as can be seen in the following speeches:

I think it's important, I think that every professional should do some complementary therapy, be it reiki or acupuncture [...], they are tools that we could use for our own good and also offer it to our patients [...] Reiki comes to show that things are positive, that knowledge of soul, to know oneself, to be able to help the other, both within our profession and also towards our users, so if they could

have some type of therapy, even in the healthcare groups we normally do would be interesting to have this type of resource [...]. (Lilac)

Look, I think the user would need it, even more than the professional [...] for the patient would be great, it's important. People who do it, like it and feel well. I read a little about reiki, the patient comes from home with a whole story, an energy, embedded in that family, a negative energy [...], I think with reiki, the patient relaxes and the professional can go further [...]. (Yellow)

The speeches show that nurses perceive reiki as a tool capable of helping the process of caring for the other human being, in this case, the user. Reiki increases physical vigor by providing it energy to work long periods, but it also enables the nursing professional to maintain mental clarity and emotional stability, thus performing his or her work in the best way possible.⁵

Integrative and complementary practices in the Unified Health System, in the midst of a process of increasing legitimation, value non-biomedical resources and methods related to the health/disease/cure processes, enrich diagnostic/therapeutic strategies and may favor integral care.¹⁶

Reiki emerges as an important care device where the professional gets to know itself, harmonizes the receiver, body, mind and spirit harmoniously and, in this way, may become better fit to perform the daily work and in the work with groups.

Another perception verbalized by nurses refers to the possibility that therapies such as reiki might come to assist in the care of both the individuals of the healthcare team as well as the user of the healthcare system, and, through that, reduce medicalization as the single form of treatment, setup that has reached a large scale nowadays, as can be seen in the following reports:

[...] sometimes the patient, [...] it needs to be reunited with itself, not only by making use of the medication [...], it must seek for the lacking part of itself. So that's why I find it very interesting that the nurse participates, that it does sessions together along with the user. (White)

[...] it is very necessary to use complementary therapy in the unit, we have many patients, a reiki therapy could reduce or take away the medicalization. It would be interesting for another practitioner to do reiki in our patients through scheduling. [...] the nurse ends up conflicting with its own balance, body and mind are very conflicted daily, one should have this self-care, but not only the nurse, all health professionals. (Red)

I find it interesting, like other alternative therapies, surely, in practice we see that there are people who need them when they are depressed, anxious, nervous. [...]. It surely

contributes. There are the meditation techniques they suggest, reiki is a more oriented, deeper thing. (Pink)

In this context, the use of integrative and complementary therapies is being increasingly suggested, they consist of a system involving mechanisms for prevention, promotion and recovery of health. Such methods can, through practice, contribute to the change of care models, as a possibility of improving health without the use of medicalization.¹⁷

As already mentioned, the State Policy for Integrative and Complementary Practices of Rio Grande do Sul (PEPIC/RS) of 2013 recommends the insertion of reiki and superposition of hands therapy, without religious ties, as well as promoting reiki courses, provided by organizations of specialists directed at professionals already hired and working in health care networks, with priority for Basic Care. The institution of this policy came as a response to the demands of the population about changes in the models of care instituted, based on the integrality of care.²

However, there is a need to strengthen policies, to implement them and to provide these practices in municipalities, since they offer autonomy of care to the user in interface with the care offered by the professional, whether it is a nurse or a doctor, both professionals fundamental for the care in the praxis of the Family Health Strategy (FHS) and important social actors in care, with broad responsibility for diagnostic actions and preventive and therapeutic guidelines.¹⁸

Specifically focusing on complementary reiki therapy, one can observe, in the report of the nurse, lack of knowledge regarding the therapy, nevertheless it considers it important in Basic Attention:

[...] For me it is a new therapy [...]. [...] I want to study more to learn about it, the sessions were good, because I got to know it a little, and I was able to talk about it specifically. Because we have to explain it to the patient. (Green)

The search for complementary therapies is increasing, but the practice in nursing is still little known, being underutilized professionally by the primary care systems, causing the population to find treatment with professionals who are often not from the health area.¹⁹

A study by the same author published in 2011 aimed to investigate who are the nurses of Rio Grande do Sul currently specialized in any integrative therapy, and which are those used by them in their professional and/or personal practices. The research was carried out with five nurses who had some involvement with the Brazilian Association of Natural Therapies in Nursing (BANTN). The results demonstrated a variety of complementary practices used by these professionals in the team, the patient and the community. They also point out the lack of classes that address this area in the curricula of the Nursing Courses and the lack of dissemination of the positive experiences in the scientific environment.¹⁹

This discussion is in line with what was observed in this study as presented in the following report:

think it would be very interesting and we already know that the Ministry of Health is already encouraging the Strategies to have Alternative Therapies, so I think it would be very interesting to have them [...]. (Orange)

Brazil adopted a political position to associate complementary care to biomedical care in order to form a Unified Health System (UHS), without opening a wide discussion with the professionals and the training entities of how this process would be constituted in practice. There are many discussions about the therapeutic efficacy of these methods (biomedicine) that are completely opposed as a philosophy of care, and which are present in the context of basic care.

The realization of studies that contemplate the perspective of care in the holistic sense and that brings well-being with quality of life for the subjects who participate in the process needs to include reiki to strengthen this therapy as a science of care and subsequently obtain its recognition in the health field.¹⁶

In this study, it is observed that despite the lack of knowledge about Complementary Therapies, the subjects were encouraged to study about the theme, specifically about the reiki method, which in a way expanded their knowledge about the therapy and thus opened paths creating opportunities for the achievement of well-being and a more humanized health.

CONCLUSION

The nurses who experienced reiki manifested feelings related to a therapeutic experience that contributed to relaxation, rest, reflection, etc., while caring for themselves. In addition, they reported having improved in terms of concentration, enhancing the provision of care for the other.

Reiki therapy increases the capacity of concentration, improves the memory and induces a moment of reflection, which induces the subject to think about the "self". In the process, it was essential for the recipients to be open-minded to receiving the reiki energy and consequently to enjoy its results.

In addition, through this study, it can be seen that the participants were unaware of Reiki, and therefore do not use it in their work process or personal care. However, they consider that reiki can be an important tool in caring for users and taking care of themselves.

As limiting aspects of this study, we point out the reduced number of professionals included in the face of obstacles such as financial resources, lack of professionals qualified to apply reiki therapy and time to complete the study. In this sense, we propose the need for new research that considers these factors.

REFERENCES

1. Portaria nº 971 de 03 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. Ministério da Saúde, Brasília (DF), 2006 May 3rd. Available at: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0971_03_05_2006.html.
2. Resolução nº 695/13 – CIB/RS de 23 de maio de 2012. Ministério da Saúde, Porto Alegre (RS), 2012 May 23. Available at: http://www.saude.rs.gov.br/upload/1388163773_cibr695_13.pdf.
3. Sader M. O poder do reiki. São Paulo: Pensamento; 2012.
4. Honervogt T. Reiki - cura e harmonia através das mãos. 4ª ed. São Paulo: Pensamento; 2005.
5. Salomé GM. Sentimentos vivenciados pelos profissionais de enfermagem que atuam em Unidade Terapia Intensiva após aplicação do Reiki. Rev bras enferm. [Internet]. 2009 Nov/Dec; 62(6): [prox. 7 screens]. Available at: <http://www.scielo.br/pdf/reben/v62n6/a09v62n6.pdf>.
6. Resolução COFEN 197/1997 de 19 de março de 1997. Estabelece e reconhece as terapias alternativas como especialidade e/ou qualificação do profissional de enfermagem. Conselho Federal de Enfermagem, Rio de Janeiro (RJ), 19 Mar 1997. Available at: http://portaldaenfermagem.com.br/legislacao_read.asp?id=292.
7. Santos VC, Soares CB, Campos CMS. A relação trabalho-saúde de enfermeiros do PSF no município de São Paulo. Rev. Esc Enferm USP. [online]. 2008 Jun; 41(Esp): 777-81. Available at: <http://www.scielo.br/pdf/reeusp/v41nspe/v41nspea05.pdf>.
8. Feliciano KVO, Kovacs MH, Sarinho SW. Superposição de atribuições e autonomia técnica entre enfermeiras da Estratégia Saúde da Família. Rev Saúde Públ. [online]. 2010; 44(3):520-7. Available at: <http://www.scielo.org/pdf/rsp/v44n3/16.pdf>.
9. Rodriguez LD, Morales MA, Vilanueva IC, Lao CF, Polley M, Peñas CF de Lás. Uma sessão de reiki em enfermeiras diagnosticadas com síndrome de Burnout tem efeitos benéficos sobre a concentração de IgA salivar e a pressão arterial. Rev latinoam enferm. [online]. 2011 Sep/Oct; 19(5): [prox.7 screens]. Available at: www.scielo.br/pdf/rlae/v19n5/pt_10.pdf.
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo, Rio de Janeiro: HUCITEC; 2010.
11. Bardin L. Análise de conteúdo. 7ª ed. Lisboa: Edições 70; 2009.
12. Emoto M. O Jornal de medicina alternativa e complementar. 2004 Feb; 10(1):19-21.
13. Mckenzie E. A cura pelo reiki. São Paulo: Manole; 2006.
14. Shapiro SL, Schwartz GER, Santerre C. Meditation and positive psychology. In: Snyder CR, Lopez SJ, editors. Handbook of positive psychology. New York: Oxford University Press; 2002. p. 632-45.
15. Cune CL, Curtis CMR, Drew CS, Naoum-Heffernan C, Sherman T, Walz K, Weinberg J. The effect of reiki on work- related stress of the registered nurse. J Holist Nurs; 2011; 29(1):33-43.
16. Andrade JT, Costa LFA. Medicina complementar no SUS: práticas integrativas sob a luz da antropologia médica. Rev Saude soc. [Internet]. 2010; 19(3): [prox. 12 screens]. Available at: <http://www.revistas.usp.br/ausoc/article/viewFile/29665/31537>.
17. Barros NF, Siegel P de SC. Política nacional de práticas integrativas e complementares no SUS: Passos para o pluralismo na saúde. **Caderno de Saúde Pública** [Internet]. 2007 Dec; 23(12): [prox. 4 screens]. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2007001200030.
18. Thiago SC, Tesser CD. Percepção de médicos e enfermeiros da Estratégia de Saúde da Família sobre terapias complementares. Rev Saúde Públ. [Internet]. 2011; [Cited in 2013 Dec 22];45(2): [prox. 8 screens]. Available at: <http://www.scielo.br/pdf/rsp/v45n2/2243.pdf>.
19. Santos LF, Cunha ZS. A utilização de práticas complementares por enfermeiro do Rio Grande do Sul. Rev enferm UFSM. [Internet]. 2011 Dec; 1(3): [prox. 7 screens]. Available at: <http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/3047/2386>.

Received on: 08/10/2016
Reviews required: 03/20/2017
Approved on: 01/04/2017
Published on: 01/08/2018

Author for correspondence:

Vera Lucia Freitag
São Manoel Street, n 963, Rio Branco Avenue
Porto Alegre/RS, Brazil
CEP: 90620-110